MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017069

DO NOT WRITE	~ * * * * *	AME	NDED		Registration District No. 27L Primary Registration District No. 4410 Registrar's No. 17	STATE FILE NUMBER
ON THIS STUB					FILED APR 2.5 1963	ceased lived. If institution: Residence before
VS 300	۔ا	. 1	1	1:		
Rev. 4/59	AARNDED	i			Phelps Missouri	
NGT. 4/ J7	<u>ב</u> ון				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James Length of stay in 1b C. CITY OR TOWN St. Tames	Inside Limits
1						
8810	u V	וו			HOSPITAL OR	f outside, give location) Reside on Ferm
3810	2					efferson Yes No 🗜
3		\top	\vdash	7]	3. NAME OF DECEASED First Middle Lest 4. DATE (Type or print) OF	Month Day Year
					(Type or print) OF DEATH	April 21 1963
4 6					5. SEX 6. COLOR OR RACE 7. Married Never Married 1 8. DATE OF BIRTH 9. AGE (last	birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 /					Male White Widowed 1 Divorced 1 1-8-1894 69	Months Days Hours Min.
					10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state of	r country) 12 CITIZEN OF WHAT COUNTRY
6	ŞΪ				during most of working life, even if retired) Inknown Alton Misson	ri IISA
7 0					13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14.	NAME OF HUSBAND OR WIFE
8 72	준				Charles Z. Cagle Sarah Curtiss	Pearl
• •	AS				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pg. or unknown) (If yes, give war or dates of servi	Address
2331X	, E				Tes W.W.I DOIGIETS HOME	St. James, Missouri
10	₹			ENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART i. DEATH WAS CAUSED BY:	ONSET AND DEATH
	잃	,		UME	IMMEDIATE CAUSE (a) LEWY - Vascular a	NUMBERT 24 Ry
11				ΙŽ	le le te	
1296-0	HIS REC	ا إ		ă	Conditions, if any, which gave rise to DUE TO (b)	a warm
	HIS	<u> </u>			above cause (a), stating the under-	
$\frac{13}{2} - 0$	<u>-</u>	+	-+	-	lying cause last. J DUE TO (c)	
	ő				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a)	PART III. If deceased was female was there a pregnancy in last 90 days.
	2				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT not related to the terminal disease condition given in PART I.(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED?	☐ Yes ☐ No ☐ Unknown
					19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature	of injury in PART I or PART II of item 18.)
	AMENDMENT					
Z	Σ				20c. TIME OF Hour Month, Day, Year	
RIBBON	₹				C (NJOK) e.m.	
N N N				· . :	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION while AT WORK	COUNTY STATE
	_			· [WHILE AT WORK NOT WHILE AT WORK ferm, factory, street, office bldg., etc.)	
BLACK OR RITER I	Q	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			21. 1 attended the deceased from \$\frac{127}{62}\$, to \$\frac{4/91}{6}\$ and last saw him	alive on 4./2///
26		2			Death occurred at	of my knowledge, from the causes stated.
USE		3		P	22a. SIGNATIVE (Degree for Aile) / 22b. ADDRESS	22c. Date SigNet
USE BLACH OR TYPEWRITER	2	2			DIVINIO MALLA	$no \frac{1}{2} \frac{1}{2}$
-			\sqcup	I AFFIDAVIT	230. BURIAN CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	(City, town, or county) (State)
		į		Ģ	236. BURING CREMATION 23b. Date 22c. NAME OF CEMETERY OF CREMATORY 23b. Date 23c. NAME OF CEMETERY 23c. Date 23c. NAME OF CEMETERY 23c. Date 23c.	Missouri
	1 2			AF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REC	ISTRAR'S SIGNATURE
		-		չ	Leland Carter, Thayer, Missouri 4-22-63 Ru	th B. Pawell
	1 1	1			(Licensed Embelmer's Statement on Reverse Side)	•

E961 6 YAM

E961 ₹ Noc

STATEMENT BY LICENSED EMBALMER

r by	- · · · · - · · · · · · · · · ·		, Student Embalmer No	
orking under my p	ersonal supervision.			
udent		Signed	esse Jahr	
Sį	gnature of Student Embalmer	\mathcal{O}	· · · · · · · · · · · · · · · · · · ·	
•	· •		Licensed Embalmer No. 4486 20050. Meranne P. O. Address H. January M.	
().	2 × 1 × 1	4/22/10	P.O. Address A. O.	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.